

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6008536</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>07/08/2016</b>
---	---	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**SHELBYVILLE REHAB & HLTH C CTR**

**2116 SOUTH 3RD DACEY DRIVE  
SHELBYVILLE, IL 62565**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments  Annual Licensure and Certification Survey  Licensure Survey For Subpart S:SMI	S 000		
S9999	Final Observations  STATEMENT OF LICENSURE VIOLATIONS: 300.1230a)d)e)f)j)k)l)  Section 300.1230 Direct Care Staffing  a) For the purposes of this Section, the following definitions shall apply: 1) Direct care is the provision of nursing care or personal care as defined in Section 300.330, therapies, and care provided by staff listed in subsection (f). 2) Skilled care is skilled nursing care, continuous skilled nursing observations, restorative nursing, and other services under professional direction with frequent medical supervision. 3) Intermediate care is basic nursing care and other restorative services under periodic medical direction.  d) Each facility shall provide minimum direct care staff by: 1) Determining the amount of direct care staffing needed to meet the needs of its residents; and 2) Meeting the minimum direct care staffing ratios set forth in this Section. e) The direct care staffing requirements in this Section apply to the number of persons actually on duty and not to the number of persons scheduled to be on duty. f) For the purpose of computing staff to resident ratios, direct care staff shall include the following, as long as the person is assigned to duties	S9999		

**Attachment A**  
**Statement of Licensure Violations**

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6008536</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>07/08/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>SHELBYVILLE REHAB &amp; HLTH C CTR</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2116 SOUTH 3RD DACEY DRIVE SHELBYVILLE, IL 62565</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
S9999	Continued From page 1  consistent with the identified job title and documented in employee time schedules as required by Section 300.650(i): 1) registered nurses; 2) licensed practical nurses; 3) certified nurse assistants; 4) psychiatric services rehabilitation aides (see Section 300.4090); 5) rehabilitation and therapy aides; 6) psychiatric services rehabilitation coordinators (see Section 300.4090); 7) assistant directors of nursing; 8) 50% of the Director of Nurses' time; 9) 30% of the Social Services Directors' time (Section 3-202.05 of the Act); and 10) licensed physical, occupational, speech and respiratory therapists.  j) Skilled Nursing and Intermediate Care For the purpose of this subsection, "nursing care" and "personal care" mean direct care provided by staff listed in subsection (f). 1) Effective July 1, 2010, for each resident needing skilled care, a minimum staffing ratio of 2.5 hours of nursing and personal care each day must be provided; for each resident needing intermediate care, 1.7 hours of nursing and personal care each day must be provided. 2) Effective January 1, 2011, the minimum staffing ratios shall be increased to 2.7 hours of nursing and personal care each day for a resident needing skilled care and 1.9 hours of nursing and personal care each day for a resident needing intermediate care. 3) Effective January 1, 2012, the minimum staffing ratios shall be increased to 3.0 hours of nursing and personal care each day for a resident needing skilled care and 2.1 hours of nursing and personal care each day for a resident needing intermediate care.	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6008536</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>07/08/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>SHELBYVILLE REHAB &amp; HLTH C CTR</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2116 SOUTH 3RD DACEY DRIVE SHELBYVILLE, IL 62565</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 2  4) Effective January 1, 2013, the minimum staffing ratios shall be increased to 3.4 hours of nursing and personal care each day for a resident needing skilled care and 2.3 hours of nursing and personal care each day for a resident needing intermediate care. 5) Effective January 1, 2014, the minimum staffing ratios shall be increased to 3.8 hours of nursing and personal care each day for a resident needing skilled care and 2.5 hours of nursing and personal care each day for a resident needing intermediate care. (Section 3-202.05(d) of the Act) k) Effective September 12, 2012, a minimum of 25% of nursing and personal care time shall be provided by licensed nurses, with at least 10% of nursing and personal care time provided by registered nurses. Registered nurses and licensed practical nurses employed by a facility in excess of these requirements may be used to satisfy the remaining 75% of the nursing and personal care time requirements. (Section 3-202.05(e) of the Act) l) To determine the numbers of direct care personnel needed to staff any facility, the following procedures shall be used: 1) The facility shall determine the number of residents needing skilled or intermediate care. 2) The number of residents in each category shall be multiplied by the overall hours of direct care needed each day for each category. 3) Adding the hours of direct care needed for the residents in each category will give the total hours of direct care needed by all residents in the facility. 4) Multiplying the total minimum hours of direct care needed by 25% will give the minimum amount of licensed nurse time that shall be provided during a 24-hour period. Multiplying the total minimum hours of direct care needed by	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6008536</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>07/08/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>SHELBYVILLE REHAB &amp; HLTH C CTR</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2116 SOUTH 3RD DACEY DRIVE SHELBYVILLE, IL 62565</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
S9999	Continued From page 3  10% will give the minimum amount of registered nurse time that shall be provided during a 24-hour period. 5) Additional Direct Care Hours Equal to at Least 75% of the Minimum Required The remaining 75% of the minimum required direct care hours may be fulfilled by other staff identified in subsection (f) as long as it can be documented that they provide direct care and as long as nursing care is provided in accordance with the Nurse Practice Act. 6) The amount of time determined in subsections (l)(4) and (5) is expressed in hours. Dividing the total number of hours needed by the number of hours each person works per shift (usually 7.5 or 8 hours) will give the number of persons needed to staff each shift. Calculations shall not include time for scheduled breaks or scheduled in-service training. The number of residents used to calculate staff ratios shall be based on the facility's midnight census.  These requirements were not met as evidenced by the following:  Based on record review and interview, the facility failed to meet the minimum staffing requirements for registered nurses on 12 of 14 days reviewed and one day out of 14 for direct care staffing. These failures have the potential to affect all 35 residents residing in the facility.  Findings include:  On 7/6/16, E1 provided a staffing spreadsheet for the two week period of 6/17/16 through 6/30/16. This spreadsheet documents an average daily skilled care census of 3.43, and an average daily intermediate care census of 31.86.	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6008536</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>07/08/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>SHELBYVILLE REHAB &amp; HLTH C CTR</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2116 SOUTH 3RD DACEY DRIVE SHELBYVILLE, IL 62565</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
S9999	Continued From page 4  The regulatory calculations determine the facility requires an average of 92.68 hours per day of direct care staffing, with 9.27 hours per day of this direct care staff to be provided by registered nurses.  The facility's staffing spreadsheet documents a staffing shortages for Registered Nurses and direct care staffing in the facility on the following dates:  The facility's staffing spreadsheet documents on 6/17/16 through 6/21/16, 6/23/16, 6/24/16, 6/26/16, 6/28/16, and 6/30/16, there were no registered nurses working in the facility, resulting in a shortage of 9.27 hours on each of these days. This same spreadsheet documents a registered nurse worked one hour on 6/22/16 resulting in a shortage of 8.27 hours, and five hours on 6/25/16 resulting in a shortage of 3.27 hours. This same spreadsheet documents on 6/19/16 the facility had 90 hours of direct care staffing, resulting in a shortage of 2.68 hours.  On 7/8/16 at 10:50 am, E1, Administrator stated, "The staffing spreadsheet is accurate and complete. I based the spreadsheet on the actual time clock punches."  The Resident Census and Conditions of Residents Report dated 7/6/2016 documents 35 residents residing in the facility.  (AW)  300.670c)1)2)3)  Section 300.670 Disaster Preparedness	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6008536</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>07/08/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>SHELBYVILLE REHAB &amp; HLTH C CTR</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2116 SOUTH 3RD DACEY DRIVE SHELBYVILLE, IL 62565</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
S9999	Continued From page 5  c) Fire drills shall be held at least quarterly for each shift of facility personnel. Disaster drills for other than fire shall be held twice annually for each shift of facility personnel. Drills shall be held under varied conditions to: 1) Ensure that all personnel on all shifts are trained to perform assigned tasks; 2) Ensure that all personnel on all shifts are familiar with the use of the fire-fighting equipment in the facility; and 3) Evaluate the effectiveness of disaster plans and procedures.  This requirement is not met as evidenced by:  Based on interview and record review, the facility failed to complete and required disaster drills during the previous year. These failures have the potential to affect all 35 residents residing in the facility.  Findings include:  The Facility Disaster Drills binder (undated) does not document any disaster drills completed for the previous year.  On 7/7/2016 at 3:30 PM, E7 (Maintenance Director) acknowledged the facility did not complete disaster drills for the previous year.  On 7/7/2016 at 3:47 PM, E2 (Nurse) could not recall completing any disaster drills during the previous year.  On 7/8/2016 at 9:19 AM, E8 (Nurse) could not recall completing any disaster drills during the previous year.  The Resident Census and Conditions of	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6008536</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>07/08/2016</b>
---	---	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**SHELBYVILLE REHAB & HLTH C CTR**

**2116 SOUTH 3RD DACEY DRIVE  
SHELBYVILLE, IL 62565**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 6  Residents Report dated 7/6/2016 documents 35 residents residing in the facility.  (B)	S9999		